

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4489 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shelbina</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Shelbina</u> <u>1020</u> <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shelbina, Mo.</u>		Length of stay in lb <u>5 yrs</u>		d. STREET ADDRESS -----		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Henry</u> Last <u>VanVacter</u>				4. DATE OF DEATH Month <u>11</u> Day <u>5</u> Year <u>1957</u>			
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>Cau</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 24, 1876</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u> Hours <u>---</u> Min. <u>---</u>		IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and state or country) <u>Shelby Co. Mo</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>Robert Owen VanVacter</u>				14. MOTHER'S MAIDEN NAME <u>Jennie Kyle</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT Address <u>Ella McWilliams- Shelbina, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Congestive Heart Failure</u> DUE TO (c) <u>Hypertension, hypercholesterolemia, and atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>442X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Oct 26 Mar</u> <u>Sept 10 Nov 5</u> <u>Jan 65 - Nov 5</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year a. m. <u>---</u> p. m. <u>---</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan 20 1955</u> to <u>Nov 5, 1957</u> and last saw him alive on <u>Nov - 4, 1957</u> Death occurred at <u>4:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Gladys Bauer DO2</u>		22b. ADDRESS <u>Shelbina Mo</u>		22c. DATE SIGNED <u>Nov 7, 1957</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-7-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Leonard Cemetery</u>		23d. LOCATION (City, town, or county), (State) <u>Leonard, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Barkelaw & Davis Funeral Service</u> <u>Shelbina, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-7-57</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by John T. Byrd, Student Embalmer No. 54
working under my personal supervision..

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 3836

P. O. Address D. Helms

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.